

Scott Brabant Board Chair Luis B. Pérez, LCSW President & CEO

March 15, 2021

Testimony before the Public Health and Insurance and Real Estate Committee regarding: H.B. 5596 An Act Concerning Telehealth and S.B. 1022 An Act Concerning Telehealth

Good morning Senator Lesser, Senator Abrams, Representative Wood, Representative Steinberg, Senator Hwang, Senator Somers, Representative Pavalock-D'Amato, Representative Petit and members of the Insurance & Real Estate and Public Health Committees:

As Chief Strategy Officer and Registered Lobbyist of Mental Health Connecticut (MHC), a 113 year-old nonprofit, I appreciate the opportunity to provide testimony in support of **H.B. 5596** and **S.B. 1022** to ensure that **telehealth expansion** is codified under law.

Please pass ensure that the legislature makes telehealth a priority in Connecticut, specifically by:

- 1. Continuing to pay for telehealth at the same rate as in-person visits and allows services to be delivered from any setting: Payment should be based on the treatment provided, not the location of from where the service is provided. Telehealth has added costs to providers who are maintaining physical offices as well as paying costs for telehealth.
- 2. **Allowing telephonic/audio only sessions**: This is important to ensuring access to care for people who do not have access to technology needed for video conferencing
- 3. **Allowing the use any HIPAA compliant platform**: This allows providers to meet clients where they are, on platforms they are comfortable with and knowledgeable using.

Since COVID-19 hit, the ability to bill to Medicaid for telehealth has increased access to services, a critical component for effective community-based services across Connecticut. At MHC, we debunked some myths about virtual service delivery and will be a better organization moving forward. Our story is one of many who can show how telehealth will be an important of part of health care from now on.

Beginning the first week of March 2020, MHC transitioned our primarily (nearly 90%) in-person care to 75% virtual service delivery. We did this overnight and it was no easy feat. Along with a monumental financial investment in technology and support systems, not to mention mitigating the stress of our program participants and staff, there was a giant question mark on how a telehealth service delivery would impact the wellbeing of our program participants.

Could our program participants make the switch in their routines and get what they need to stay on the path of recovery and wellness? How would the work of our staff need to shift to ensure our program participants were supported?





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As the months went on, we began to see the value of telehealth in unexpected ways. Each region and team created new ways of working and collaborating to ensure that value and efficacy in our programs were the top priority. The changing safety protocols and guidelines from public health officials kept us on our toes, and helped us focus on ensuring that emotional safety and getting creative to defeat social isolation took precedence every day.

Having telehealth a part of our service delivery moving forward will allow community-based nonprofits to increase the quantity and improve the quality, efficiency, and effectiveness of our programs. Telehealth is not a replacement for all services but the past 12+ months has shown us that it must be a part of the mix of how we operate moving forward.

We have seen the value of telehealth at MHC show up in the following ways:

- Program participants have become more independent faster, and have even surprised themselves in their ability to support recovery goals
- Connecting through video or audio channels breaks down barriers, like transportation
- We have changed some of the ways we interact with program participants for the better for instance, having more frequent but shorter check-ins which allows for continuous engagement and stronger relationship building
- Moving forward, when there are situations when staff or program participants cannot travel, sessions can be moved to a telehealth option v. being cancelled
- For some of our program participants, there will continue to be stress and anxiety in meeting face-to-face (even as the pandemic crisis lessens) so the use of telehealth will be vital to ensuring they are supported

While the end of COVID-19 lockdown is in sight, telehealth is here to stay. We urge the Committees to pass robust telehealth legislation that guarantees all people in Connecticut will continue to have access to telehealth services using the device of their choosing, and that providers continue to be paid at the same rate as in-person services moving into the future.

I thank the Committee raising bills focused on increasing mental health access to more individuals and families, and I urge you to support telehealth as a part of service delivery.

Suzi Craig Chief Strategy Officer Registered Lobbyist

